PART B - FEE(S) TRANSMITTAL

Complete and send this form, together the applicable fee(s), to: Mail

Mail Stop ISSOE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if re

maintenance fee notification			rders and notif a) specifying a	fication of management	intenance fees ondence addres	will be mailed to s; and/or (b) indic	the current ating a sepa	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 5514 7590 11/03/2005				paper	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 11/23/2005 DEMMANU2 00000014 09661152 1400 00 00 00 NOV 2 1 2005					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
01 FC:1501 02 FC:8001	1400.00 OP 15.00 OP	A NOV 2 1 2005		3) -				(Depositor's name)	
		Texo.	A RES	′				(Signature)	
APPLICATION NO.	FILING DATE	Ca take	FIRST NAMED	INVENTOR		Lambassassas			
09/661,152	09/13/2000		RIE SUZU			03560:00		CONFIRMATION NO.	
APPLN. TYPE	PREAD-SPECTRUM COMI								
nonprovisional		ISSUE FI		TODDICTIONTED		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1400		\$0		\$1400		02/03/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]			
BOAKYE, ALEXANDER O		. 2667		370-320000		_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Fitzpatrick, Cella 2 Harper & Scinto 3						
PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of	OW no onsiemes .				nee is identified be	elow, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (C					ITY and STATE OR COUNTRY)				
CANON KABUSHIKI KAISHA Tokyo, Japan									
lease check the appropriate	assignee category or categori	es (will not be pri	nted on the pate	ent): 🔲 Ir	dividual 🛛 C	orporation or other	nrivate oro	un entity Government	
Please check the appropriate assignee category or categories (will not be printed on the patent):								-p cady — Government	
☑ Issue Fee ☑ A check in the ar					f the fee(s) is en	closed.			
☐ Publication Fee (No small entity discount permitted) ☐ Payment by cred ☐ Advance Order - # of Copies 5 ☐ The Director is					Form PTO-2038	is attached.			
Deposit Account Number						harge the required (enclose	fee(s), or c an extra co	redit any overpayment, to py of this form).	
a. Applicant claims SM	from status indicated above) AALL ENTITY status. See 37	CFR 1.27.	b. Applican	ıt is no longer	claiming SMAI	I. ENTITY status	See 37 CF	P 1 27(a)(2)	
he Director of the USPTO is IOTE: The Issue Fee and Punterest as shown by the recon	s requested to apply the Issue blication Fee (if required) wil rds of the United States Paten	Fee and Publicati	on Fee (if any)	or to re-appl ther than the	y any previousl applicant; a regi	y paid issue fee to stered attorney or a	the applicati agent; or the	ion identified above.	
Authorized Signature ECM/				Date November 18, 2005					
Typed or printed name	tt	Registration No. 42,746							
his collection of information a application. Confidentiality abmitting the completed applies form and/or suggestions	n is required by 37 CFR 1.311 y is governed by 35 U.S.C. 1 dication form to the USPTO. for reducing this burden, sho	. The information 22 and 37 CFR 1. Time will vary d	is required to on the collection of the collecti	obtain or retaction is estimated the individu	in a benefit by the sted to take 12 r al case. Any co	ne public which is ninutes to complete mments on the am	to file (and e, including ount of tim	by the USPTO to process) gathering, preparing, and e you require to complete	

Ŧ Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.